

Continuing Education Record for Dentists and Dental Hygienists  
Reporting Period – January 1, 2008 through December 31, 2009

Please attach proof of each continuing education program/credit & your CPR card. Duplicate page as needed.

| Name (Please print or type)  |              |   | License Number |  |   |
|--|--------------|---|----------------|--|---|
| Date   | Course Title | Total Hours<br>(Please Specify)<br>S – Scientific<br>N - Non-Scientific | Sponsor        | On-site or Not on-site<br>(Please specify)<br>O – On site<br>N – Not on site<br>(i.e. journal or internet) | If you have an anesthesia<br>permit, please check ✓ the<br>line if the hours are to be<br>used to meet the<br>CE requirement for<br>permit holders. |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
|  |              |   |                |  |   |
| CPR Type – Please check all that apply & provide copy of card(s)      ( )CPR      ( )ACLS      ( )PALS |              |   |                |  |   |

Total Hours\_\_\_\_\_

I certify this to be a true and correct record of my continuing education activity for the above specified period.

Signature\_\_\_\_\_

Date\_\_\_\_\_